

Director's Signature:

*CBS*

Time Log/Program / Area: 2048-Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Corbett,Kate 45161000 <i>Kate Corbett</i>	Day: In - Out		06 215	700 300		055 300	06 215	
	Lunch: Out - In		12 <sup>00</sup> 12 <sup>30</sup>	12 <sup>00</sup> 12 <sup>30</sup>		12 <sup>00</sup> 12 <sup>30</sup>	12 <sup>00</sup> 12 <sup>30</sup>	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					CH 7.5 hrs ✓			
Dookhan,Annie 45161000 <i>Annie Dookhan</i>	Day: In - Out		6:45 3 <sup>20</sup>	6:45 3 <sup>15</sup>	6:45 3 <sup>20</sup>	6:45 3 <sup>15</sup>	6:45 3 <sup>20</sup>	
	Lunch: Out - In		12 <sup>00</sup> 12 <sup>30</sup>					
Employee Signature	Outside Duty: From - To					8:10 11:30	8:10 10:50	
Document exceptions or comments, indicate type and amount.						Lawrence SW	Cambodia District Meeting	
Feiden, Stacey 8400-9745 <i>Stacey Feiden</i>	Day: In - Out		8:15 4:15	8:30 4:30	8:30 4:30	8:15 4:45	8:25 4:25	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.						2.5 sick		
Frasca,Daniela 45161000 <i>Daniela Frasca</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45		6:45 2:45	
	Lunch: Out - In		12:30 1:00	12:45 1:15	12:30 1:00	8:00 4:00	12:00 12:30	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.						Lawrence SW		

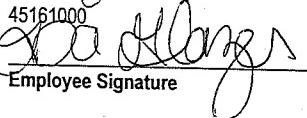
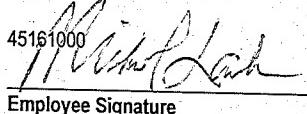
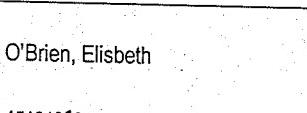
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Folk OIG PRR 002803

Week Ending: April 10, 2010

Employee Name:			Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Glazer, Lisa 45161000 	Day: In - Out		6:05 2:45	6:45 2:45	6:45 2:45	6:45	2:45	6:45 2:45	
	Lunch: Out - In		12 <sup>00</sup> 12 <sup>30</sup>	2:00 12:30	12:00 12:30	12:30	12:00 12:30	2:00 12:30	
	Outside Duty: From - To					2:15pm 1:30pm	BMC		
Document exceptions or comments, indicate type and amount.									
Lawler, Michael 45161000 	Day: In - Out		9:25 6:00	8:05 4:50	8:00 4:50	8:15 4:30	8:00 4:30	7:30 4:00	
	Lunch: Out - In		2:25 2:55	2:05 2:35	2:40 3:10	1:05 1:35	1:20 1:30	1:00 1:00	
	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.									OT 2.5 ✓
Medina, Nicole 45161000 	Day: In - Out		7:55 3:55	7:30 3:30	7:40 3:40	8:05 12:35	7:55 3:55	7:05 3:05	
	Lunch: Out - In		12 12:30	12 12:30	12 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To								11:45
Document exceptions or comments, indicate type and amount.						3.0 hrs vac ✓			OT 2.5 ✓
O'Brien, Elisabeth 45161000 	Day: In - Out		7:35 4:15	7:35 2:35	7:40 5:10	7:40 3:15	7:45 3:15		
	Lunch: Out - In		11:05 1:15	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.			Per 2.5 ✓				+ 0.5 com ✓	+ 0.5 com	

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Philips, Gloria 45161000 <i>DP</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIC 7.5	CMT 7.5	CMT 7.5	JDP 7.5	CMT 7.5	
Piro, Peter 45161000 <i>SP</i>	Day: In - Out				10 <sup>00</sup>	300	725	345
	Lunch: Out - In				1200	1230	12	1230
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIC 7.5	SIC 7.5	SIC 2.5			
Renczkowski, Daniel 45161000 <i>DR</i>	Day: In - Out			645	245	730	330	805
	Lunch: Out - In			1215	1245	1200	1230	1100
	Outside Duty: From - To					1230	1130	1200
Document exceptions or comments, indicate type and amount.			VAC 7.5	BMC				SIC OT 1.0 hr ✓ 7.5 hr
Saunders, Della 45161000 <i>Della Saunders</i>	Day: In - Out		6:45 245	6:45 2045	6:45 245			6:45 3:00
	Lunch: Out - In		1:15 1:45	1:00 1:30	1:00 1:30			1:10 1:40
	Outside Duty: From - To							1:10 1:40
Document exceptions or comments, indicate type and amount.						CMT 7.5	Combed District Meeting	OT 7.5

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# William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below  
Department: Drug Laboratory

Date(s) of overtime work: 4/10/10

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be:  paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8400 - 9745

Approval:

Supervisor: C. Salem

Date: 4/6/10

Department Head: Marguerite Harris

Date: 4/6/10

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	180459	7.5			
Nicole Medina	285766	7.5			
Daniel Perzynski	297673	7.5			
Della Saunders	147387	7.5			
Zhi Tan	148724	7.5			